



SEPTEMBER 2005

United States Army Soldier Support Institute

Maintain Emergency Notification Data

Handout

(DO NOT WRITE IN THIS BOOKLET)

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following

statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

(Signature of Servicemember)

1. NAME (Last, First, Middle)	2a. SSN	b. INITIAL (To indicate valid SSN)	3a. SERVICE	b. REPORTING UNIT CODE DUTY STATION
4a. SPOUSE NAME	b. ADDRESS (Include ZIP Code)			
5. CHILDREN a. NAME	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code)	
6a. FATHER NAME	b. ADDRESS (Include ZIP Code)			
7a. MOTHER NAME	b. ADDRESS (Include ZIP Code)			
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD			
9a. BENEFICIARY(IES) FOR DEATH GRATUITY (If no surviving spouse or child)	b. ADDRESS (Include ZIP Code)			c. PERCENTAGE
10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES	b. ADDRESS (Include ZIP Code)			c. PERCENTAGE
11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING (Subject to Secretarial determination)				
12. INSURANCE (SGLI and other Insurance Companies/Policy Numbers)	a. SGLI (Optional Service Use)		b. INSURANCE COMPANIES/POLICY NUMBERS	
	<input type="checkbox"/> MAXIMUM <input type="checkbox"/> NO <input type="checkbox"/> OTHER (Amount) _____			
13. CONTINUATION/REMARKS				
14. SIGNATURE OF SERVICEMEMBER (Include rank, rate, or grade)		15. SIGNATURE OF WITNESS (Include rank, rate, or grade)		16. DATE SIGNED (YYYYMMDD)

INSTRUCTIONS FOR PREPARING DD FORM 93*(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)*

All entries explained below are for electronic or typewriter completion, except those specifically noted. If computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 13, "Continuations", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 13" should be included in the item pertaining to the particular next of kin. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. When the space for a particular item is insufficient, insert "See #13" and continue the information in Item 13. Also see preparation instructions for Item 13.

ITEM 1. Member's full last name, first name, middle name.

ITEM 2a. Member's social security number (SSN).

ITEM 2b. Member's initials in ink, verifying SSN accuracy.

ITEM 3a. Service. Use standard one-letter Service code (A - Army, F - Air Force, N - Navy, M - Marine Corps).

ITEM 3b. Reporting Unit Code/Duty Station. Army/Air Force/Navy - see Service Directives. Marine Corps - MEPS enters Monitored Command Code (MCC) to which the member will be assigned.

ITEM 4. First name, middle initial, maiden name (if applicable), and address of spouse. If member is single, divorced, or widowed, so state.

ITEM 5. First name, middle initial, last name (only if different from member's), relationship to member, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/matrimony has been judicially decreed. Indicate relationship, for example: 03 - son, 04 - daughter, 13 - stepson, 14 - stepdaughter, 33 - adopted daughter, 34 - adopted son. Sample entries: Mary A./04/19650704; Donald E. Jones/13/19630102. For children not living with the member's current spouse, include address and name and relationship of person with whom residing.

ITEM 6. First name, middle initial, last name, and address of father. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural father is listed, indicate relationship.

ITEM 7. First name, middle initial, last name, and address of mother. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons not to be notified due to ill health.

- a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan."
- b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a.

ITEM 9a. Enter first name(s), middle initial, last name(s) and relationship of person to receive the 6 months' gratuity pay if there is no surviving spouse or child at the time of death. Only parents (including a person in loco parentis status) and brothers and sisters (including those of half-blood and those through adoption) may be designated. Loco Parentis means any person(s) who acted in place of the member's parent(s) for a period of not less than one year at any time before the member entered on active duty. If brothers or sisters are designated, show date of birth (YYYYMMDD). Enter "None" if the member has no eligible beneficiary. No benefit can be paid in that instance (10 USC 1477). Also enter "None" if the member does not wish to designate a beneficiary. Payment is then made in the order of precedence established by law. The member should make specific designations, as it expedites payment.

ITEM 9b. Enter beneficiary(ies) full mailing address to include the ZIP Code.

ITEM 9c. Show the percentage to be paid to each person if two or more beneficiaries are designated. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named.

ITEM 10a. Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "None." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2271) in the absence of a designation.

ITEM 10b. Enter beneficiary(ies) full mailing address to include the ZIP Code.

ITEM 10c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent.

ITEM 11. First name, middle initial, last name, relationship, and address of dependent(s) the member designates to receive an allotment of pay if missing, captured, or interned. This allotment may be initiated by the Service Secretary or his designee in the event the member enters a missing status. This item may be left blank. If member designates two or more allottees, state the percentage to be paid to each. The sum shares need not equal 100 percent, but may not exceed 100 percent. NOTE: Designations made in Item 11 are used as a guide by the Service Secretary or designee in establishing, changing, or discontinuing an allotment in the interest of the member (37 USC 551-558). The final decision rests with the Service Secretary or designee.

ITEM 12. Insurance information.

- a. Serviceman's Group Life Insurance (SGLI). Not applicable for Marine Corps and Air Force members. NOTE: Completion of this item does not constitute a SGLI election or designation or beneficiary(ies). Indicate, by entering an "X" in the appropriate block, the member's SGLI election (as stated in VA Form 29-8286). For Navy members, on the next line, enter, as appropriate, either: "Bene Desig filed (YYYYMMDD)," or "Bene Desig not filed."
- b. Insurance companies/policy numbers. Enter full name of all commercial life insurance companies to be notified in case of death. Enter policy number if member desires; this expedites settlement of claims.

ITEM 13. Continuations/remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./03/19451220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed.

ITEM 14. Member's signature. Have the member check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 15. Signature of witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 16. Date the member signs the form. This item is an ink entry and must be completed by the member on four copies.

Directions To Personnel Clerks Of The Uniformed Services

1. Complete all appropriate items on this form. All entries except the signature and those requested to be in the servicemember's own handwriting, must be typed or printed in ink.
2. Include the name, address, and social security number (if available) of the beneficiary(ies), and the relationship of the beneficiary(ies) to the servicemember (e.g. father, sister).
3. If a servicemember wants to designate a beneficiary other than would be normal under his or her family circumstances, see "Unclear or Unusual Beneficiary Designations" (section 6.03) in the *Servicemembers' Group Life Insurance Handbook*, Handbook 29-75-1 (www.insurance.va.gov).
4. An authorized agent of the Uniformed Services must witness the signature of the servicemember. This representative must sign his or her name below that of the servicemember and should include the date he or she received the form.
5. This form, properly completed, is authority to a payroll office to initiate or change the deductions for insurance premiums if the amount of insurance is changed or cancelled.
6. If this form is being used to decline SGLI coverage, inform the servicemember that this action will mean that he/she will no longer have Family SGLI coverage - both spousal coverage and dependent child coverage. Have the servicemember complete SGLV 8286A and take action to end payment of Family spousal premiums.
7. Inform the servicemember that if he or she has questions about this form, he or she may obtain the advice of a military attorney at no expense to the servicemember.
8. **After the form is completed in its entirety**, you should:
 - Make two photocopies of the completed form (page 2) and page 4 (Beneficiary Continuation) if applicable
 - Distribute as follows:

<ul style="list-style-type: none">▪ Original copy of page 2▪ Original copy of page 4 (if applicable)	Promptly file in the official personnel file of the member
<ul style="list-style-type: none">▪ Photocopy of page 2▪ Photocopy of page 4 (if applicable)▪ Directions to Servicemember (page 3)▪ Introduction to VA Benefits (page 5)	To servicemember
<ul style="list-style-type: none">▪ Photocopy of page 2▪ Photocopy of page 4 (if applicable)	To the Active or Reserve component of the Uniformed Service.

Remember: If this form is used to decline SGLI coverage and the servicemember has Spousal Family SGLI coverage, you should take action to discontinue payment of spousal Family SGLI premiums.

Note: Please do NOT send any of the forms or copies to the Office of Servicemembers' Group Life Insurance or to the Department of Veterans Affairs.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☐ Name or update your beneficiary
☐ Reduce the amount of your insurance coverage
☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name First name Middle name

Rank, title or grade

Social Security Number

Branch of Service (Do not abbreviate)

Current Duty Location

Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

- ☐ I want coverage in the amount of \$_____ Your initials _____
☐ _____

(Write "I do not want Insurance at this time.")

***Note:** Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This form cancels any prior beneficiary or payment instructions.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

SIGN HERE IN INK



(Your signature. Do not print.)

Date: _____

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:

RANK, TITLE OR GRADE

ORGANIZATION

DATE RECEIVED

Directions To Servicemember

What You Should Know

This insurance is granted under the Servicemembers' Group Life Insurance provisions of Title 38, United States Code, and is subject to the provisions of that title and its amendments, and regulations promulgated thereto.

This form must be correctly completed, signed and received by your Uniformed Service before your death in order for this designation to be valid. An authorized agent of the Uniformed Services must witness your signature.

Periods of Coverage

This insurance is in effect throughout the period of full-time active duty or active duty for training. Coverage is also in effect on a full-time basis for reservists who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under Chapter 1223 of Title 10. Coverage continues for 120 days following separation or release. You may convert your SGLI to Veterans' Group Life Insurance within 120 days of separation without proof of good health, or within one year and 120 days with proof of good health by contacting the Office of Servicemembers' Group Life Insurance (see below).

Instructions On Completing This Form

1. Type or print in ink all items except where otherwise noted.

2. Naming Beneficiaries

- A. A new SGLV-8286 must be completed to change your beneficiary. You may name anyone as beneficiary without his/her consent. However, your spouse will be notified if you reduce coverage or name a beneficiary other than your spouse.
 - B. If the beneficiary is a married woman, use her given first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.
 - C. A named beneficiary will **NOT** be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any other documents such as a divorce decree or will.
 - D. If you want to name more than four principal or contingent beneficiaries, list those beneficiaries on the Beneficiary Continuation Form (page 5) and check the block under the principal or contingent blocks on page 2, indicating that you have done so. The Beneficiary Continuation Form (page 5) should then be attached to page 2 of the 8286.
 - E. If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.
 - F. You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does **NOT** create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.
3. **Social Security Number** - Do not delay completing this form if you do not have a beneficiary's Social Security Number. The Social Security Number helps us to locate the beneficiary, but is not required.
 4. **Shares to each beneficiary** - If you name more than one beneficiary, the sum of the shares must equal 100% or the full dollar amount of your insurance.

Example: mother	\$200,000		50%		1/2
<u>father</u>	<u>\$200,000</u>	or	<u>50%</u>	or	<u>1/2</u>
Total	\$400,000		100%		1

5. **Payment Option** - You may choose whether you want the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing "lump sum" or "36" in the column labeled Payment Option. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write "lump sum" or leave the block blank.
6. **Provisions For Payment Of Insurance**
 - A. If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.
 - B. If you do not name a beneficiary, or if there are no surviving beneficiaries, or if you indicate that payment should be made by law, the proceeds will be paid in the following order:
 1. Widow or widower
 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)
 3. Parent(s) in equal shares or all to surviving parent
 4. A duly appointed executor or administrator of your estate
 5. Other next of kin

What Your Beneficiaries Should Know

Upon your death, your beneficiary(ies) should send a claim to the **Office of Servicemembers' Group Life Insurance**, 290 West Mt. Pleasant Ave, Livingston, NJ 07039. Your beneficiary may also call 1-800-419-1473 for claim information.

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Beneficiary Continuation

Instructions: This page is to be used **ONLY** when the servicemember wants to name more beneficiaries than the number of beneficiary spaces provided on page 2. If this page is completed, it should be copied and distributed together with page 2 of this form.

Member Information

Last name	First name	Middle name	Rank, title or grade	Social Security Number
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Beneficiary(ies) and Payment Options

In addition to the beneficiaries I have named on page 2 of this form (SGLV 8286), I also designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
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Principal

5.				
6.				
7.				
8.				
9.				
10.				

Contingent

5.				
6.				
7.				
8.				
9.				
10.				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This is a continuation of my beneficiary designation on page 2 of this form, Servicemembers' Group Life Insurance Election and Certificate.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of the SGLV-8286, unless otherwise stated above.

SIGN HERE IN INK



(Your signature. Do not print.)

Date: _____

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
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DEFINITION OF TERMS

EMERGENCY NOTIFICATION DATA (DD FORM 93)

LOCO PARENTIS – (AR 600-8-1 page 146) This means in the place of or instead of a parent charged factitiously with a parents duties and responsibilities. The natural father or mother, father or mother through adoption, or person who stood in relationship of a parent to the deceased for a period of at least 5 years prior to the Soldier reaching 18 years of age. (Someone who acted as the parent for 5 years before the age of 18 in place of mother or father)

DEATH GRATUITY – (AR 600-8-1 Para 6-7) A “gift” of \$12,000.00 from the Army to certain survivors of deceased military members (normally spouse or children). This money is not meant for funeral expenses, it is meant to pay off bills and secure the family until the survivor benefits start to pay out. For a complete explanation of eligibility see AR 600-8-1, paragraph 6-7.

BENEFICIARY FOR DEATH GRATUITY (DG) IF NO SURVIVING SPOUSE OR CHILD – Designates who receives the Death Gratuity if there is no spouse or children at the time of death of the Soldier.

BENEFICIARY FOR UNPAID PAY AND ALLOWANCES – The person(s) that receives all money owed by the Army to the Soldier at his/her time of death.

ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING – If a Soldier is declared missing, he/she is still on active duty and drawing all pay and benefits. If the Soldier enters a missing status, pay can go to someone the Soldier designates subject to Secretary of the Army determination. The Secretary of the Army uses this designee information as a guide when establishing, changing, or discontinuing an allotment in the interest of the Soldier.

SERVICEMEMBERS’ GROUP LIFE INSURANCE (SGLV 8286)

PRINCIPAL BENEFICIARY(IES) – The person(s) the Soldier wants to receive benefits in the event of his/her death. There can be more than one.

CONTINGENT BENEFICIARY(IES) – The person(s) to receive benefits in the event the Soldier designee(s) that receives the SGLI proceeds if the principal beneficiary dies before the Soldier.

UNUSUAL BENEFICIARY – a Soldier designates some other person or organization as a beneficiary and is likely to be survived by a family member or parent. See AR 600-8-1, Para 11-30 (page 94).

PAYMENT OPTIONS FOR THE SGLI:

LUMP SUM – All SGLI proceeds paid in one payment to the beneficiary(ies).

36 PAYMENTS – SGLI proceeds paid out over 36 months in equal installments to the beneficiary(ies).

SHARES - When there is more than one beneficiary, the Soldier must divide the SGLI proceeds into shares. These shares can be in any amount the Soldier wishes but must be broken down by fractions (1/4, 1/2, etc), by percentage (50%, 25%, etc) or dollar amounts (\$100,000, \$50,000, etc) and must be equal to the total coverage.